	INJURY/CONDITION	INFORMATION		
35. Describe in detail the injury/condition that this of last occurrence.	person sustained. Include a discu	ussion of the body	parts affected. <b>If this</b> is a recurrence, li	st date
36. Identify all persons and organizations used to e	valuate and/or treat condition. (I	nclude facility, pro	vider, and address)	
				_
37. Describe all procedures, medications, therapy,	etc., used/recommended for the tr	reatment of condition	on:	
	•			
<b></b>				
<b>38.</b> Check any of the following consequences result	ting from this injury/condition:			
Death. Date of			Hospitalization for treatme inpatient.	nt as an
<ul><li>c 1 Restriction of work. Total days of restrict</li><li>c 1 Occupational illness. Date of initial diagr</li></ul>			Multiple treatments or ther	apy sessions.
c 1 Instructions to obtain prescription medical		dication.	Loss of consciousness.	
	tual days absent from work:			
Medical treatment. This includes any me who provided the treatment. "First Aid" cuts, abrasions, etc.				
Transfer to another job or termination of	employment.			
39. If any of the above consequences occurred, the does not meet the reporting criteria, you must give				lieve this case
40. Has this employee been provided an opportunit	y to review his or her tile?	Yes 🖸	No 🖸	
41. Preparer's Name	42. Preparer's Title		43. Telephone Number 44. Da	ite

## RAILROAD EMPLOYEE INJURY AND/OR ILLNESS RECORD

ENT OF TRANSPORTATION ON 8 7 4 pricival al No.: 2130-0500 1. Railroad 2. Case/Incident Number **ISSNIPT ON FEDNINFION ATACTION** 3, Last Name, First Name, Middle Initial 4. Date of Birth 5. Sex (M/F) 6. Social Security Number 7. Date Hired **HOWE** 8. 10.State 11.**ZIP** 12. Home Telephone No. Street Address (include Apt. No.) 9. City ADDRESS: (include area code) 13. Name of Facility ESTABLISHWENY/ **PACILITY WHERE** reet Address EMBLOXEE 16. State 17. ZIP 15. City NORMANIEN REPORTS l**8.** Job Title 19. Department Assigned To ACTIVITY INCOMENANTE DESCRIPTION LOCATION WHERE 20. Specific Site COODENT NCIDENT/ **23.** State 24. ZIP **22.** County 21:S® **EXPOSURE** ACCURRED: **25.** Is this on your premises? 26. Date of Occurrence 27. Time Shift Began 28. Time of Occurrence 29. Was person on duty? AM AM Yes O No  $\overline{2}$ PM PM Yes O No O 30. Date that Employee Notified Company Personnel of Condition COMPANY 3 1. Time that Employee Notified Company Personnel of Condition 32. Person Notified AM YOTIFICALILON: PM 33. Describe the general activity this person was engaged in prior to injury/illness. 34. Describe all factors associated with this case that are **pertinent to** an understanding **of how** it occurred. Include a discussion of the sequence of events leading up to it, and the tools, machinery, processes, material, envuonmental **conditions**, etc., Involved.